FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000057303	(6)
ELORIDA SITE DEVE	OPERS INC	

Principal Place of Business

Mailing Address



11410 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952			22410 SO. TROPICAL TRAIL MERRITT ISLAND FL 32952								
							3. Date Incorporated or Qualified 07/24/1995	3a. Date o	f Last Ri	eport	-
2. Principal Pla	ce of Busine	SS	2a, Mailing Addre				4. FEI Number			Applied For	-
21			26				59-3345821			Not Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23	···-		28				Trust Fund Contribution			d to Fees	_
Zip -	•	Country	Zip 29	-	Count	ry	8. This corporation has liability for i	intangible tax No	under s	199.032,	
[24]		25 and Address of Curren		30	٦		10. Name and Address of New R		nent		
			Thogastore rigeri		8	1 Name	10, 1141110 1114 11411111	ogiotoico A			
WOODS	S. PETE				8	.	J (D.O. Day Newber, in Mark Assessed	I-)			_
11410 SOUTH TROPICAL TRAIL							eet Address(P.O. Box Number is Not Acceptable)				
	T ISLAND				ã	3					
					8	4 City			0E] 7.	p Code	
						1		FL		,	
11. Pursuant to	the provision	ons of Sections 607.0502	and 607.1508, Florida	Statutes, the	ne above	-named corpo	oration submits this statement for the pure and of directors. Thereby accept the appropriate for the pure statement for the pure statemen	pose of chang	ging its r	egistered office	₽
familiar with	h, and accep	of the obligations of, Secti						Lar	gistorota	agon. ram	
SIGNATURE .	1	at DU		propri	5~Y	ETER I	5, WOODS 4/24	1/46			
12.	Signature, typed	or printed name of registered agent OFFICERS AND	and fitte if applicable.	(NOTE: B	egistered Ag	pent signature requir	ed when reinstating! ADDITIONS/CHANGES TO OFF	DATE DE AND E	NDC C1C	3DQ INI 10	6
TITLE	D	OFFICE AND	DELE	TE.	1. 1 TITL	F 1	ADDITIONS/OFFINIGES TO OFF		Change	Add tion	- 2
NAME	WOODS DETE			1.2 NAM				·		4	
STREET ADDRESS	4440 COUTH TROPICAL TRAH			1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	MEDDITT IOLAND EL 20050			1.4 CITY	-ST-ZIP					CR2E034 (12/95)	
TITLE	D	and the second of the second o	DELE	TE	2. 1 TITL	F			Change	Addition	70
NAME				2 2 NAM	E						
STREET ADDRESS				2.3 STRE	et address						
CITY-ST-ZIP	MERRI	IT ISLAND FL 32952			2.4 CITY						_
TITLE			DELE	TE .	3. 1 TITL				Change	Addition Addition	
NAME					3.2 NAM						
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP TITLE			[] DELE	TE	3.4 CITY 4. 1 TITL				Change	☐ Addition	
NAME					4.2 NAM				- m.g.		
STREET ADDRESS						ET ADDRESS					
CITY-S1-ZIP					4.4 CITY						
TITLE			DELE	TE	5. 1 TITL				Change	☐ Addition	٦
NAME					5.2 NAM	E					
STREET ADDRESS					5.3 STRE	ET ADDRESS					
CITY-S1-ZIP			AND THE PROPERTY OF THE PROPER	/ 17 4 St. 18 1 L L L L L L L L L L L L L L L L L	5.4 CITY	- \$T - 7IP				<u> </u>	
TITLE			[] DELE	TE	6. 1 TiTL				Change	☐ Addition	
NAME					6.2 NAM	1					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					5.4 CITY	- SI - 7:P					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this ago all report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the porporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, order an etial-impert with an adjiress.

SIGNATURE:

PETER D. WOODS - DIRECTOR 4/24/96 (407) 242-900